

JJIS ACCESS / PERMISSION REQUEST (Version 2.06 – July 2020)

I. ACTIONS REQUESTED		DATE:	
System Access: <input type="checkbox"/> Add <input type="checkbox"/> Update Permissions <input type="checkbox"/> Update Credentials <input type="checkbox"/> Suspend <input type="checkbox"/> Reinstate / Resume <input type="checkbox"/> Terminate			
Reason(s): <input type="checkbox"/> New Employee <input type="checkbox"/> Transfer from: _____ <input type="checkbox"/> New Position <input type="checkbox"/> Other: _____			
II. USER INFORMATION - Section II must be completed in full!			
Last Name, First Name, Middle Initial: _____		Network/VPN Login: _____	
Credentials (LMHC, RN, MD and License #, etc.): _____			
Agency: _____		Date of Hire: _____ <input type="checkbox"/> DJJ Staff <input type="checkbox"/> Provider <input type="checkbox"/> Non-DJJ/Provider	
Position Title: _____		Unit / Program/Facility: _____	
Work Address: _____		County: _____	
Work Email: _____		Work Phone: _____	
III. PERMISSIONS REQUESTED- Check all permissions that apply to your service area and that are being requested. View Permission Profiles			
PREVENTION & CIVIL CITATION: <input type="checkbox"/> Civil Citation – View Only <input type="checkbox"/> Civil Citation – Data Entry <input type="checkbox"/> Prevention – View Only <input type="checkbox"/> Prevention – Data Entry <input type="checkbox"/> AdminRights (DJJ HQ)		DETENTION: <input type="checkbox"/> Contracted - JDO <input type="checkbox"/> JDO <input type="checkbox"/> JDO Supervisor <input type="checkbox"/> Asst. Superintendent <input type="checkbox"/> Superintendent <input type="checkbox"/> Regional <input type="checkbox"/> Administration (HQ) <input type="checkbox"/> Secretary Specialist <input type="checkbox"/> Food Service <input type="checkbox"/> Maintenance Mechanic	
COMMUNITY PROVIDERS: <input type="checkbox"/> Respite/DV Data Entry <input type="checkbox"/> Diversion Provider <input type="checkbox"/> Diversion Provider Supervisor <input type="checkbox"/> Probation Provider <input type="checkbox"/> Probation Provider Supervisor <input type="checkbox"/> Redirection/HBI/Transition		PROBATION: <input type="checkbox"/> Screener <input type="checkbox"/> Screener Supervisor <input type="checkbox"/> JPO - Pre Academy <input type="checkbox"/> JPO – Certified <input type="checkbox"/> JPO – Senior <input type="checkbox"/> JPO - Supervisor <input type="checkbox"/> Asst. Chief Probation Officer <input type="checkbox"/> Chief Probation Officer <input type="checkbox"/> Regional <input type="checkbox"/> Administration (DJJ HQ) <input type="checkbox"/> Administrative Support <input type="checkbox"/> Administrative Asst. <input type="checkbox"/> Intern <input type="checkbox"/> JDAI Staff <input type="checkbox"/> Operation Management <input type="checkbox"/> Reform Specialist <input type="checkbox"/> Secretary Specialist <input type="checkbox"/> Volunteer	
EMR - MENTAL HEALTH <input type="checkbox"/> Clinical Staff - MH <input type="checkbox"/> Clinical Staff - SA <input type="checkbox"/> Clinical Staff - MH/SA <input type="checkbox"/> Licensed MH <input type="checkbox"/> Licensed MH/SA <input type="checkbox"/> Licensed SA/Cert. Prof.		EMR - MEDICAL <input type="checkbox"/> DHA/Designee <input type="checkbox"/> Medical APRN <input type="checkbox"/> Medical RN <input type="checkbox"/> Medical LPN	
		EMR - MH/Medical <input type="checkbox"/> Psychiatric APRN <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Records Clerk <input type="checkbox"/> EMR Management Reports	
RESIDENTIAL (DJJ): <input type="checkbox"/> Commitment Manager <input type="checkbox"/> Regional <input type="checkbox"/> Administration (DJJ HQ)			
RESIDENTIAL FACILITY STAFF: <input type="checkbox"/> Clerical <input type="checkbox"/> Case Manager <input type="checkbox"/> Medical Staff <input type="checkbox"/> Mental Health Staff <input type="checkbox"/> Facility Administration			
DJJ HQ OR STATEWIDE PERMISSIONS: <input type="checkbox"/> HQ Executive Leadership <input type="checkbox"/> QI/SS Staff <input type="checkbox"/> IG Staff <input type="checkbox"/> Contracts <input type="checkbox"/> EMR - Audit Admin. <input type="checkbox"/> EMR - HQ Staff			
IV. ADDITIONAL PERMISSIONS REQUESTED- training dates must be entered if requesting permissions.			
PMM: DATE TRAINED _____ <input type="checkbox"/> Master (HQ) <input type="checkbox"/> Contract Management Chief <input type="checkbox"/> Contract Manager <input type="checkbox"/> Admin. Audit <input type="checkbox"/> OHS Staff <input type="checkbox"/> Provider <input type="checkbox"/> External Monitor <input type="checkbox"/> Regional Monitor <input type="checkbox"/> Program Area Staff		CAT ASSESSMENT: DATE TRAINED _____ <input type="checkbox"/> View Only <input type="checkbox"/> Pre-Screen Assessment <input type="checkbox"/> Full Assessment <input type="checkbox"/> Reports YES PLAN: DATE TRAINED: _____ <input type="checkbox"/> View Only <input type="checkbox"/> Data Entry <input type="checkbox"/> Approval	
STARS: DATE TRAINED _____ <input type="checkbox"/> Facility Staff <input type="checkbox"/> Administrative (DJJ HQ)		SVS: DATE TRAINED _____ <input type="checkbox"/> Add / Edit Staff <input type="checkbox"/> Reports	
PREVENTION ASSESSMENT TOOL (PAT): DATE TRAINED _____ <input type="checkbox"/> View Only <input type="checkbox"/> Data Entry		HUMAN TRAFFICKING SCREENING TOOL: DATE TRAINED _____ DEL PREV <input type="checkbox"/> View Only <input type="checkbox"/> Basic Data Entry (add/edit) <input type="checkbox"/> Full Access (DJJ HQ) <input type="checkbox"/> HTST Alerts Reports	
RAY: DATE TRAINED _____ <input type="checkbox"/> View Only <input type="checkbox"/> RAY assessment/forms <input type="checkbox"/> RAY Management Reports <input type="checkbox"/> RAY Reports		EVIDENCE BASED SERVICES: DATE TRAINED _____ <input type="checkbox"/> Reports Only <input type="checkbox"/> Data Entry- Interventions <input type="checkbox"/> Administrator (DJJ HQ)	
CCC: DATE TRAINED _____ <input type="checkbox"/> Permission: <input type="checkbox"/> External Reports		Facilitators – Submit Facilitator Form to DIO	
DRAI: DATE TRAINED _____ <input type="checkbox"/> View Only <input type="checkbox"/> Data Entry		EEEP DATE TRAINED _____ <input type="checkbox"/> Dual Role <input type="checkbox"/> Records Contact <input type="checkbox"/> Educational Rep. <input type="checkbox"/> Transition Contact	
<input type="checkbox"/> JJIS VIEW ONLY <input type="checkbox"/> Other permission not listed: _____			
List all programs for which you need access. Permission will only be granted for listed programs. Attach additional sheet if necessary.			
Programs/Facility: _____			
Authorization required for permissions to be issued. Forms submitted without supervisor signature will be returned.			
Supervisor: _____		Title/Unit: _____ Phone: _____	
Supervisor work e-mail address: _____			
Supervisor's Signature: _____		Date: _____	
Contract Manager/Designee Signature: _____		Date: _____	
DIO USE ONLY/SPECIALIZED APPROVAL:			
OHS STAFF APPROVAL SIGNATURE: _____		Date: _____	
CCC STAFF APPROVAL SIGNATURE: _____		Date: _____	